



AF *[Signature]*
\$

MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 0020-4710P																														
Application No. 09/578,693-Conf. #009841		Filing Date May 26, 2000	Examiner L. V. Cook	Art Unit 1641																														
Applicant(s): Masaya YAMANOUCHI et al.																																		
Invention: METHOD FOR EXAMINING HUMAN KIDNEY DISEASE BY DETECTING THE FATTY ACID BINDING PROTEIN																																		
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Corres. and Mail BOX AF																																
Transmitted herewith is an amendment in the above-identified application.																																		
The fee has been calculated and is transmitted as shown below.																																		
CLAIMS AS AMENDED																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Claims Remaining After Amendment</th> <th style="width: 20%;">Highest Number Previously Paid</th> <th style="width: 20%;">Number Extra Claims Present</th> <th style="width: 20%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>12</td> <td>- 42 =</td> <td>0</td> <td>\$50.00</td> <td></td> </tr> <tr> <td>2</td> <td>- 4 =</td> <td>0</td> <td>\$200.00</td> <td></td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">Other fee (please specify): Extension for response within first month</td> <td style="text-align: right;">\$120.00</td> </tr> <tr> <td colspan="4">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: right;">\$120.00</td> </tr> </tbody> </table>					Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		12	- 42 =	0	\$50.00		2	- 4 =	0	\$200.00		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					Other fee (please specify): Extension for response within first month				\$120.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				\$120.00
Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																															
12	- 42 =	0	\$50.00																															
2	- 4 =	0	\$200.00																															
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																		
Other fee (please specify): Extension for response within first month				\$120.00																														
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				\$120.00																														
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																		
<input type="checkbox"/> No additional fee is required for this amendment.																																		
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																		
<input checked="" type="checkbox"/> A check in the amount of \$ 120.00 to cover the extension fee is enclosed.																																		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.																																		
<input checked="" type="checkbox"/> Credit any overpayment.																																		
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																		
G.M. Murphy Jr. - #42,874 Dated: May 12, 2005																																		
Gerald M. Murphy, Jr. Attorney Reg. No.: 28,977																																		
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																		



MAY 12 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.	
Effective on 12/08/2004.	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	
<p>FEE TRANSMITTAL For FY 2005</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$) 120.00
Complete if Known	
Application Number	09/578,693-Conf. #009841
Filing Date	May 26, 2000
First Named Inventor	Masaya YAMANOUCHI
Examiner Name	L. V. Cook
Art Unit	1641
Attorney Docket No.	0020-4710P

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
12	- 42 = 0	x \$50	= 0	Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
2	- 4 = 0	x \$200	= 0	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

SUBMITTED BY				
Signature	 - #42.874	Registration No. (Attorney/Agent)	28,977	Telephone (703) 205-8000
Name (Print/Type)	Gerald M. Murphy, Jr.		Date	May 12, 2005